

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE	
								09832237			
								APPLICANT(S)			
CLAIMS								* IND.		* DEP.	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	DEP.
1	1	1					51				
2		1					52				
3		1					53				
4		1					54				
5		1					55				
6		1					56				
7		1					57				
8		1					58				
9		1					59				
10			1				60				
11			1				61				
12			1				62				
13		1					63				
14		1					64				
15		1					65				
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17		1					67				
18		1					68				
19							69				
20							70				
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40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	4						TOTAL IND.				
TOTAL DEP.	14	1	1	1	1	1	TOTAL DEP.	1	1	1	1
TOTAL CLAIMS	18						TOTAL CLAIMS				